

<b>Case Number:</b>	CM14-0027597		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34-year-old patient sustained an injury on August 1, 2012 while employed by [REDACTED]. Requests under consideration include Retrospective DME: purchase external bone growth stimulator and rental: vascultherm DVT (14 days) for the dates of service February 27 to March 27, 2014. Review indicated the patient was approved for one level lumbar anterior interbody fusion at L5-S1 with pedicle screws along with 4 days of inpatient hospital stay, intraoperative neuromonitoring and lumbar back brace on April 24, 2013. The patient was scheduled for lumbar fusion at end of February. Provider's letter dated March 3, 2014 indicated the patient has history of cancer and had received chemotherapy and radiation in 2011. Letter indicated use of cold compression with DVT prophylaxis nit as part of post-operative healing protocol. Vascultherm unit delivers both cold/compression without need of ice directly to the cold wrap along with pneumatic compression via calf wraps aiding venous return. The requests for DME (durable medical equipment): purchase external bone growth stimulator and rental: vascultherm DVT (deep vein thrombosis) were non-certified on March 17, 2014 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME : PURCHASE EXTERNAL BONE GROWTH STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Bone growth stimulators (BGS), page 375: Under study.

**Decision rationale:** The ODG notes that either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Submitted reports have not demonstrated clinical findings to meet the criteria for the bone growth stimulator. The request for the purchase of an external bone growth stimulator is not medically necessary or appropriate.

**RENTAL :VASCUTHERM DVT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cryotherapy/Cold & Heat Packs, pages 381-382; Vasopneumatic Cryotherapy (Knee, pages 292); Venous Thrombosis (knee), page 356-358.

**Decision rationale:** During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. According to the manufacturer, the vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent a one level lumbar fusion and the provider has requested for this hot/cold compression unit as the patient is at high risk for deep venous thrombosis; however, does not identify specific risk factors. According to the ODG although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for lumbar fusion. Some identified risk factors identified include limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-lumbar surgical procedures as a functional restoration approach towards active recovery. The MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. The ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for seven day post-operative period as efficacy has not been proven after. The request for a Vascutherm DVT unit rental is not medically necessary or appropriate.

